

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33066

State File No.

DECEASED OCT 4 1952

318

1003

Registrar's No. 8750

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2237			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1522 Menard St.				d. STREET ADDRESS (If rural, give location) 23 1522 Menard St. 0			
3. NAME OF DECEASED (Type or Print)		a. (First) Otis		b. (Middle) Firmin		c. (Last) Hurt	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3		8. DATE OF BIRTH June 19, 1918	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Mo. Boiler Co.		11. BIRTHPLACE (City and State or Foreign Country) Desloge, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Francis Hurt		13b. MOTHER'S MAIDEN NAME Augusta Bryant		14. NAME OF HUSBAND OR WIFE Flossy Hurt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME Lemay, Mo. Mrs. Lee Sitton, 126 Luxembourg.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbon Monoxide Poisoning ANTECEDENT CAUSES suffered as a result of fire in home (attic) late 1952 Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. B. Menard St. on Sept 18 1952 DUE TO (c) at about 1215 am Garage Building #1000. contents II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 200.00 100 Accident		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 18 52 12:00		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E9160			
22. I hereby certify that I attended the deceased from 19___, to 19___, that I last saw the deceased alive on 19___, and that death occurred at 12:15 PM, from the causes and on the date stated above. 16							
23a. SIGNATURE Patrick L. Taylor, Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 9-18-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 9-18-52		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery		24d. LOCATION (City, town, or county) (State) St. Francis, Mo.	
DATE REC'D BY LOCAL REG. SEP 18 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert M. Murray

Licensed Embalmer No. *3749*

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.